

Student Eligibility Questionnaire/Commissioner Approved Training Application

Adjudication Center

BYE

Name

Social Security Number

Telephone Number
()

Claimant's Name and Address:

Return this form by mail or fax to:

Employment Security Department
Unemployment Insurance Imaging
P.O. Box 19019
Olympia, WA 98507-0019
Fax: 1-800-301-1796

This information is needed to make a decision on your unemployment claim. After receiving your response, if we need additional information we will contact you by phone.

You have the right to an interview by telephone or in person before a decision is made. If you want an interview, contact the TeleCenter. You may have any person, including an attorney, represent you at the interview. You may present evidence, documents, or witnesses; cross-examine witnesses or parties present; and ask for a copy of all records or documents on the issue.

Please complete and return this questionnaire to the address above.

Student Eligibility Questionnaire

An individual must be immediately able and available for full-time work and be actively seeking work to be eligible for benefits. Your enrollment and/or attendance at school raise a question regarding your eligibility. We will determine your eligibility based on your answers to the following questions. Please return this questionnaire by _____ or a decision will be made based on available information.

School Facts

School or training facility's name, address and phone number:

School: _____ Address: _____ Phone: _____

Name of training program or major: _____

Is this training full-time or part-time as defined in the school's course catalog? F/T _____ P/T _____

School counselor/contact name and phone number: _____

I have invested \$ _____ (tuition, books, fees, room, board and expenses).

I began this training program on _____.

I will complete the training program/graduate on _____.

I registered for this quarter/term on _____.

Classes begin/began this quarter/term: _____ Classes will end this quarter/term: _____

I am a Freshman _____ Sophomore _____ Junior _____ Senior _____ N/A _____

List specific jobs you will be qualified to do after completion of training: _____

If these jobs are not available locally, are you willing to move to another area in order to work? Yes _____ No _____. If yes, what areas? _____

Name	Social Security Number
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What is your financial plan to complete training if your unemployment benefits run out?

What degrees or certificates do you hold and when (year) were they received? _____

My class schedule this quarter/term is:

Class Name	Course Number	Sem/Qtr. Hours	Class Times	Class Days

My Availability

I spend or will spend _____ hours in class, class preparation, and study each day.

In the past I have worked full-time and attended school: Yes ____ No _____. If yes, how were you able to manage it: (occupation, flexible employer, class schedule, credits)?

My main occupation has been: _____. Years of experience: _____. I also have experience in (occupation): _____. Years of experience: _____.

List your last three jobs, beginning with the most recent:

Employer Name	Job Title & Specific Duties	Start	End	Reason Not Working

I am seeking: Full-time ____ Part-time ____ Temporary ____ (check all that apply) work in the following occupations:

Where have you looked for work the last two weeks?

Date	Employer Name & Address	Type of Work	How Contacted	Results

Name _____

Social Security Number _____

I am available: Days _____ Swing _____ Graveyard _____ (check all that apply).

I can work _____ hours per week/day.

I am willing to change or drop my classes: Yes _____ No _____. If no, please explain:

My classes are available other hours and the school will let me change at this stage of the school term:

Yes _____ No _____

I am willing to forfeit my tuition if the school will not give me a refund. Yes _____ No _____

If offered full-time work that conflicts with my school and I can't change my school schedule, I would:

I have answered these questions to get unemployment benefits. I understand this information may be verified and that I must promptly report any changes in the above conditions to the Unemployment Claims TeleCenter. I authorize the school, training facility and/or my counselor to release information to the Employment Security Department about my enrollment, participation in training, attendance and progress in the training

Signature _____ Date _____

Phone _____ E-mail Address (Optional) _____

Name

Social Security Number

COMMISSIONER APPROVED TRAINING (CAT) APPLICATION

Commissioner Approved Training (CAT) allows you to attend full-time training and receive UI benefits if your vocational training relates to an occupation or skill where there are expected to be reasonable employment opportunities. You may be eligible if you are a Dislocated Worker, there is a diminishing demand for your skills, training is required by your job, or you are physically unable to continue working in your current job. If you are granted CAT, you are not required to look for work once you are enrolled in training. You may apply by completing the following section. We will review your individual circumstances to determine CAT eligibility.

Commissioner Approved Training (CAT) does not increase the benefit amount on your claim or extend the number of weeks you receive benefits. Depending on the length of your training, benefits may run out before you complete your training. THEREFORE, YOU ARE RESPONSIBLE FOR YOUR OWN FINANCIAL PLANNING THAT MAY BE NECESSARY TO COMPLETE TRAINING. If you have also applied for Training Benefits (TB), your eligibility for Training Benefits will be addressed in a separate decision.

Return this form by _____ or a decision will be made based on available information.

Is this training funded or sponsored under a special grant or program? Yes _____ No _____ If yes, please provide your counselor's name and phone number and attach proof of approval. _____

What is your financial plan to complete training if your unemployment benefits run out? _____

Does your union or employer require this training? Yes _____ No _____

If yes, union name and number/employer name: _____

Name and telephone number of contact person: _____

Name of most recent employer: _____

Did you receive a WARN notice? Yes _____ No _____ If yes, when? _____

Do you lack skills to continue in your main occupation? Yes _____ No _____ If yes, please explain: _____

Do you have any injuries, illnesses, or other conditions that prevent you from returning to your main occupation? Yes _____ No _____ If yes, please explain: _____

I am applying for CAT. I understand this information may be verified and that I must promptly report any changes in the above conditions to the Unemployment Claims TeleCenter. I authorize the school, training facility and/or my counselor to release information to the Employment Security Department about my enrollment, participation in training, attendance and progress in the training. I understand that I must continue to seek work until I am notified that CAT has been approved.

Signature _____ Date _____

Department Use ONLY

TeleCenter: _____

Law: RCW 50.20.043 (CAT) _____ RCW 50.20.095/010(1)(c) _____

Issue: _____ Wk (s) _____ Source: _____

BYE: _____ EDC: _____ WBA: _____ Date: _____

Reasoning: _____

Legal Result: _____ Start Date _____ End Date _____

Dept. Representative: _____ Date: _____